REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	Application Number: 09/460,455	Confirmation Number: 2494
	Filing Date: December 13, 1999	RECEIVED
Address to: **Mail Stop RCE** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor: Steven GARDELL	CENTRAL FAX CENTER
	Group Art Unit: 2152	JAN 1 1 2005
	Examiner: Dung C. Dinh	
	Attorney Docket Number: 98-3-511-CON1	
	Attorney Customer Number: 32,127	

Fee Only (handwritten)

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114: <u>Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise.</u> If applicant does not wish to have any previously filed unentered amendment(s) entered, application must request non-entry of such amendment.

 a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

  i. ☐ Consider the arguments in the Appeal Brief of Reply Brief previously filed on [Date] _____.

  ii. ☒ Unentered Amendment After-Final dated November 11, 2004

 b. ☐ Enclosed:

  i. ☐ Amendment/Reply   iii. ☐ Information Disclosure Statement

  ii. ☐ Affidavit(s)/Declaration(s)   iv. ☐ Other _____

2. Miscellaneous

 a. ☐ Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of [number] months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.)

 b. ☐ Other _____

3. Fees

 a. ☒ The filing fee is calculated as follows:

  i. ☒ $790.00 RCE fee required under 37 C.F.R. § 1.17(e)

  ii. ☒ Petition for extension of time for (3 Months) $1,020.00

  iii. ☐ Other _____

 b. ☐ Check in the amount of $___ enclosed.

 c. ☒ The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 07-2339.

Signature of Applicant, Attorney, or Agent Required	
Name: Joel Wall	Reg. No.: 25,648
Signature: *Joel Wall /cr*	Date: January 11, 2005

Certificate of Mailing or Transmission

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, MAIL STOP RCE, P.O. Box 1450, Alexandria, VA. 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: [Date]

Name: Christian R. Andersen	
Signature:	Date: January 11, 2005

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

14/05
RCE

Application or Docket Number

0946045 5

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	50 minus 20 =	*
INDEPENDENT CLAIMS	9 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	395.00	OR	BASIC FEE	790.00
X$25=		OR	X$ 50=	
X 100=		OR	X 200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	790

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$25=		OR	X$ 50=	
X 100=		OR	X 200=	
+180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$25=		OR	X$50=	
X 100=		OR	X 200=	
+180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			☐	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 25=		OR	X$ 50=	
X 100=		OR	X 200=	
+ 180=		OR	+ 360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.